

APPLICATION FOR CADET ACTIVITES

TITLE OF ACTIVITY			LOCATION OF ACTIVITY		ACTIVITY START and END DATE																							
NAME (Last Name, First Name, Middle Initial)			JOINED CAP: MM YY	GENDER	CAP GRADE	AGE																						
MAILING ADDRESS (Number and Street)			SOCIAL SECURITY NUMBER: - -																									
(City)		(State)	(Zip Code)		(Home Phone):																							
WING	UNIT CHARTER NUMBER	SQUADRON NAME			(Business Phone):																							
SCHOLASTIC ACHIEVEMENT <input type="checkbox"/> High School Graduate <input type="checkbox"/> College Years <input type="checkbox"/> Post Graduate Years		GROUP NAME		REGION		(Cell Phone):																						
E-MAIL ADDRESS																												
RELIGIOUS PREFERENCE					T-SHIRT SIZE (Not relevant for all activities)																							
Check if you would like to be considered for a staff position for this activity. <input type="checkbox"/> Position? <i>(Not relevant for all activities)</i>																												
MEDICAL INFORMATION: (List physical handicaps or ailments for which applicant will be taking medication during this activity or which might affect applicant's ability to engage in all aspects of activity. Provide a list of medications taken regularly. Use additional sheet, if required.)																												
EMERGENCY ADDRESSE (Parent, Guardian, or Closest Relative to be notified in case of emergency.) <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;">NAME</td> <td style="width: 50%; vertical-align: top;">RELATIONSHIP</td> </tr> <tr> <td style="height: 30px;"></td> <td style="height: 30px;"></td> </tr> <tr> <td style="vertical-align: top;">ADDRESS</td> <td></td> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table> <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 10px;"> <div style="margin-right: 10px;">HOME</div> <table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">AREA CODE</td> <td style="padding: 2px;">PHONE NUMBER</td> </tr> <tr> <td style="height: 30px;"></td> <td style="height: 30px;"></td> </tr> <tr> <td style="height: 30px;"></td> <td style="height: 30px;"></td> </tr> </table> </div> <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 10px;"> <div style="margin-right: 10px;">BUSINESS</div> <table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">AREA CODE</td> <td style="padding: 2px;">PHONE NUMBER</td> </tr> <tr> <td style="height: 30px;"></td> <td style="height: 30px;"></td> </tr> <tr> <td style="height: 30px;"></td> <td style="height: 30px;"></td> </tr> </table> </div>							NAME	RELATIONSHIP			ADDRESS						AREA CODE	PHONE NUMBER					AREA CODE	PHONE NUMBER				
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I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. <div style="display: flex; justify-content: space-around; width: 80%; margin: 0 auto;"> <div style="text-align: center;"> _____ Signature of Applicant </div> <div style="text-align: center;"> _____ Date </div> </div>																												
CAP Membership Card or Proof of Membership Required to Attend Activity. DO NOT FORGET TO SIGN OTHER SIDE.																												

CIVIL AIR PATROL RELEASE AGREEMENT (ALL MUST SIGN)

KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for Civil Air Patrol Special Activities, and I hereby volunteer entirely upon my own initiative, risk, and responsibility for an assignment to participate in this activity at the first available opportunity and with full knowledge that such activity may include:

1. Traveling by land, sea, or air in US military, commercial, or privately owned vehicles from regular place or residence to the site of the activity, travel incident to the activity, and subsequent return to place of residence.
2. Participation in aeronautical activities as a passenger or student trainee in US military, commercial, or privately owned aircraft.
3. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions.
4. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time.
5. Remaining with the cadet group I am assigned to at all times during the activity.
6. Acting as a spokesman for Civil Air Patrol, rendering reports on the activity.
7. Refraining from argumentative discussions concerning governmental policies.

In consideration of the permission extended to me by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity or activities, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of my death or on account of any injury to me or my property which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity or activities or continuances thereof, as well as all ground and flight operations incident thereto.

DATE

SIGNATURE OF APPLICANT

RELEASE BY PARENTS OR GUARDIAN (CADETS ONLY)

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity referred to above, In consideration of the permission extended to my child by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity or activities, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents and employees acting official or otherwise, from any and all claims, demands, actions or causes of action, on account of the death or on account of any injury to my child which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity or activities or continuances thereof, as well as all ground and flight operations incident thereto. In addition, by my signature below, I certify the applicant:

1. Is my minor child or ward.
2. Has no history or injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form.
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity project officer, or other staff members. If not following the above mentioned rules, regulations, and directives he/she may be sent home at the discretion of the project officer or activity director at my expense.

However, in case of injury, disease or other illness, permission is hereby granted to treat the applicant as required, and if the applicant is released from the activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.

DATE

WITNESS FOR FATHER'S SIGNATURE

FATHER OR LEGAL GUARDIAN

SQUADRON CERTIFICATION

(Required for ALL activities)

I certify that the applicant is a cadet in good standing in my unit and I approve his/her request.

SQUADRON COMMANDER